



City and County of the City of Exeter.

EDUCATION COMMITTEE.

ANNUAL REPORT
OF THE
SCHOOL MEDICAL OFFICER
FOR THE
CITY AND COUNTY OF
THE CITY OF EXETER,
1934.



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SCHOOL MEDICAL STAFF.

School Medical Officer.

GEORGE F. B. PAGE, M.D., D.P.H., Edin.

Assistant School Medical Officers.

JESSIE SMITH, M.B., Ch.B., D.P.H., Leeds.

BENJAMIN W. ANDERSON, M.A., M.D., D.P.H.,
St. Andrews.

Part Time.

J. A. W. PEREIRA GRAY, M.D., Brux., M.R.C.S., L.R.C.P.
Lond.,

Operative treatment for Tonsils and Adenoids.

School Dental Surgeon.

GEORGE VALENTINE SMALLWOOD, L.D.S., Eng.

School Nurses.

MISS C. A. KNUCKEY.

MISS B. M. KNUCKEY.

MISS M. M. FOY.

MISS D. HICKSON.

MISS R. M. BRADY. Resigned 6.5.34.

MISS D. ARCHER. Appointed 7.5.34.

Clerks.

W. G. LOTT.

N. E. SEARLE.

Annual Report
of the
School Medical Officer
for the
City and County of the City of Exeter,
1934.

To the Chairman and Members of the Education Committee.

I have the honour to submit my Report upon the Medical Inspection of School Children for the year 1934. The Report has been planned according to the instructions of the Board of Education and contains the information the Board requires.

1.—STAFF.

Particulars of the Staff are given on Page 3.

2.—CO-ORDINATION.

The School Medical Officer is also Medical Officer of Health and the Assistant School Medical Officers are Assistant Medical Officers of Health, all taking an active share in the work of both departments.

3.—SCHOOL HYGIENE.

A new sanitary survey of the schools has been carried out. See Appendix I.

4.—MEDICAL INSPECTION.

The age groups inspected have been the Entrants, Leavers and Intermediate Group of Children of 8 years of age. The Board's scheme of Inspection has been followed.

5.—FINDINGS OF MEDICAL INSPECTIONS AND TREATMENT.

(a) **Uncleanliness.**

The standard required to-day is very different from that found in the early years of school medical inspection. There are, however, careless and negligent parents whose children remain a potential menace to the clean and careful majority. Consequently constant vigilance on the part of the school nurses is necessary and occasionally the very helpful intervention of the National Society of the Prevention of Cruelty to Children.

During the year 223 visits were made by the nurses in this connection involving 22,045 examinations, the number found to be unsatisfactory being 1,304, a slight increase on last year. Although no legal proceedings were taken under Section 87 of the Education Act, 1921, it may be necessary in the future to make examples of certain recalcitrant parents. The majority of cases were dealt with by the parents after notice had been given, but 16 were treated at the Cleansing Station. It is a common experience that heads are permitted to become re-infected during the holidays and that the first weeks of each term mean much work for the nurses.

(b) **Minor Ailments.**

Treatment for these is given at the School Clinic, see Table IV., Group I.

(i) *Minor Eye Defects.*

69 cases were treated at the School Clinic, making 574 attendances.

(ii) *Minor Ear Defects.*

86 cases were treated at the School Clinic, making 1,374 attendances.

(iii) *Miscellaneous.*

e.g., minor injuries, bruises, sores, chilblains, etc.

826 cases were treated at the School Clinic, making 6,053 attendances.

All the above were cured.

(c) **Tonsils and Adenoids.**

159 children received treatment under the arrangements made by the Education Authority, and 15 received operative treatment otherwise.

See Table IV., Group III.

(d) **Tuberculosis.**

Cases of definite tuberculosis are not often found in school because its development usually takes place at home after a period of vague ill-health.

While, no doubt, the majority of infections at all ages are derived from the adult consumptive, it is well to recollect that we have clear evidence that no inconsiderable proportion of gland, bone and joint disease in children is derived from infected milk. The growing practice in large cities of bulking milk from many sources for retail to the public, makes it all the more desirable to forward schemes for the elimination of tuberculosis of bovine origin. There is, therefore, no hesitation in authorising Pasteurised Milk as the only milk to be used for the Milk in Schools Scheme. (See Appendix II.)

Altogether 12 cases were referred to the Clinical Tuberculosis Officer. The diagnosis was confirmed in 3, not confirmed in 7, and 2 were still under observation at the end of the year. In addition 6 school children were treated at the Royal Devon and Exeter Hospital and 9 by the Devonian Association for Cripples Aid for tuberculous conditions.

(e) **Skin Disease.**(i) *Ringworm.*

The number of these cases continues to decrease. During the past year it was again found unnecessary to treat any by X-Rays. 32 cases were seen at the School Clinic, all being treated there. 3 only of these were the troublesome ringworm of scalp, the remaining 29 being the relatively unimportant ringworm of the body. They made 447 attendances at the Clinic and at the end of the year all were cured.

(ii) *Impetigo.*

27 cases of this disease were seen and treated at the School Clinic, making 155 attendances, and all were cured.

(iii) *Scabies.*

7 families were found to be suffering with this disease, and 13 cases were treated at the Cleansing Station, all were cured.

(f) **External Eye Disease.**

In addition to those treated at the School Clinic, there were treated at the West of England Eye Infirmary 41 cases, 10 in-patients (7 squint, and 3 other conditions) and 31 out-patients. See Table IV., Group II.

(g) **Vision.**

465 children received advice under the arrangements made by the Local Education Authority for correction of errors of refraction (including squint), 21 being treated privately. 405 pairs of spectacles were supplied.

(h) **Dental Defects.**

These are referred to in Table IV., Group IV.

6.—INFECTIOUS DISEASES—School Children only.

An epidemic of measles began in the first week of November, 1933, and reached its zenith in January, 1934, thereafter subsiding rapidly. Altogether 687 cases were reported, 487 occurring in the year under review. Deaths

of children of school age numbered 4 throughout the epidemic.

Other diseases were:—Scarlet Fever 46, Diphtheria 15, Chickenpox 306, Poliomyelitis 1, Cerebro Spinal meningitis 1, Rubella 23, Whooping Cough 14, Impetigo 27, and Ringworm 32.

7.—FOLLOWING UP.

The City is divided into four Health Areas each having its own Health Visitor, who acts as School Nurse, and its own Child Welfare Centre. Supervision of the child is therefore continuous from birth onwards so far as possible. Further medical co-ordination has been accomplished recently by making the districts of the Public Assistance District Medical Officers identical with these areas.

During the year the school nurses made 3,130 home visits against 1,900 the previous year. This has been made possible by relieving them of certain duties in connection with the Tuberculosis Dispensary, there being now a Dispensary Nurse.

8.—MEDICAL TREATMENT AVAILABLE.

- (a) **Minor Ailments** are treated at the School Clinic.
- (b) **Tonsils and Adenoids** cases, by arrangement with the Public Assistance Committee, are operated upon at the City Hospital, and this arrangement has worked quite satisfactorily during the year.
- (c) **Tuberculosis.**
 - (1) At the City Tuberculosis Dispensary.
 - (2) At Honeylands Children's Sanatorium and School which has 20 beds for all types of tuberculosis suitable for this form of treatment provided they are not surgical cases or examples of adult type phthisis.
 - (3) At the Tuberculosis Wards at the Exeter Isolation Hospital for sputum positive cases which are very rare in childhood.

(4) At the Princess Elizabeth Orthopaedic Hospital for cases of bone and joint disease, and at the Royal Devon and Exeter Hospital for other surgical cases.

(d) **Skin Diseases** are treated at the School Clinic.

(e) **External Eye Diseases** are treated at the School Clinic and also at the West of England Eye Infirmary, the latter being paid for at the rate of 2/- per visit, and all vision cases are dealt with at the West of England Eye Infirmary, being charged for at the rate of 7/- for examination, plus cost of spectacles which varies in individual cases.

Doubtless more cases of squint would require treatment in Exeter School children if they were not remedied at the Child Welfare Centres in the first instance.

The trial of fusion treatment for squint cases, either with or without operation, has been continued, the cases being selected by the honorary surgeons of the West of England Eye Infirmary. The cost is ten shillings per period of three months, daily or as necessary. The cost of operative treatment for squint is £7-10-0 and for other cases 7/- per day.

Fusion treatment cases to date may be tabulated as follows:—

10 cases discharged after receiving three months' treatment. (1 operation case).

7 cases discharged after receiving six months' treatment. (2 operation cases).

2 cases discharged after receiving nine months' treatment.

1 case removed elsewhere.

5 cases under treatment.

1 case discharged for irregular attendance.

Total 26 cases.

The aesthetic results are good; the exact benefit to vision depends on circumstances. As with most other forms of treatment, the intelligent co-operation of the patient is essential.

(f) **Ear Disease and Hearing** cases are treated at the School Clinic.

(g) **Dental Defects** are treated at the School Dental Clinic, one whole-time Dental Surgeon being employed.

(h) **Crippling Defects and Orthopaedics.**

As previously reported the Devonian Association for Cripples' Aid has agreed with the Education Committee to examine and treat orthopaedic conditions in *elementary school children* at the Exeter Orthopaedic Clinic and at the Princess Elizabeth Hospital. The cost of treatment is defrayed by the Education Committee less contributions from parents and guardians on a scale approved by the City Council. The School Medical Officer in the capacity of Medical Officer of Health is a member of the General Purposes Committee of the Association. The capital outlay necessary for this work is obtained by voluntary subscriptions, but maintenance charges are principally met by the payments of local authorities in respect of cases treated. The fact that a complete orthopaedic service is available is of the greatest possible value to the City. The normal charges are:—Clinic 4/- per visit. Hospital £2-8-0 per week. X-ray examinations and special appliances extra.

It is hoped that arrangements will be made shortly for the allocation of a few beds in one of the Association's Convalescent homes for convalescent cases of juvenile rheumatism (rheumatic fever). Such cases often need care and medical supervision, which may be wisely combined with education, for some months before returning to ordinary school life. In this way relapses and serious cardiac defects may be prevented.

(i) **Contributions towards the Cost of Treatment.**

All parents making use of the School Medical Treatment Schemes are called upon to pay according to their means, on a scale approved by the Ministry. During the year 1933-34 the cost and contributions were as under,

			<i>Cost to Authority.</i>			<i>Contributions by Parents.</i>		
Tonsils and Adenoids	.....	.....	297	4	6	69	11	6
Eyes	.....	.....	368	13	0	80	17	2
Orthopaedic	.....	.....	475	10	0	47	15	7
Dental	.....	.....	726	13	5	53	0	0

9.—OPEN AIR EDUCATION.

At Honeylands Children's Sanatorium the school is conducted on open-air principles. There is no open-air day school in Exeter.

10.—PHYSICAL TRAINING.

In last year's report the importance of physical training and organised games was emphasised, and it is fully recognised by the teaching profession. Children must be taught to play as well as to work, a fact that is appreciated by the more fortunate classes and catered for in their schools. Most of our elementary school children lack these advantages. An area organiser for the elementary schools in the City would help to put this side of education on a better basis. As a beginning the post might quite well be held by the games master or mistress at one of the larger schools. A whole-time appointment is not suggested.

11.—PROVISION OF MEALS.

See Appendix II. Milk in Schools Scheme.

12.—SCHOOL BATHS.

Few sports produce better all-round physical development than swimming. Once a certain amount of natural timidity has been overcome and providing the teaching is good, most youngsters become enthusiastic. The facilities in Exeter are inadequate, but thanks to the sympathy of the Market and General Purposes Committee and the Authorities of St. Luke's College it has been possible to instruct a larger number of school children during the past season.

During the year 1,536 children received instruction against 1,338 in 1933, and there were 12,895 individual attendances against 10,655, 597 lessons being given. Certificates were gained as follows:—for 25 yards 379, for 50 yards 234, for 100 yards 190, and for 50 yards back-stroke 65. In addition 61 lessons were given to 210 children at Head Weir.

So far as it is possible to analyse the figures provided, it would appear that the number learning to swim each year is rather small.

13.—CO-OPERATION OF PARENTS.

The value of parents attending the routine examinations of their children is obvious. The proportion of parents present at these examinations was 77%.

14.—CO-OPERATION OF TEACHERS.

My thanks are due to the Head Teachers of the City for all they do in facilitating the medical inspections and other work among school children, and particularly for the interest shown in the Milk in Schools Scheme.

15.—CO-OPERATION OF SCHOOL ATTENDANCE OFFICERS AND VOLUNTARY BODIES.

My thanks are also due to the School Attendance Officers for their valuable co-operation, and the N.S.P.C.C. for help in obtaining medical treatment in many cases where parents are neglectful.

16.—BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

Particulars of these are given in Table 3.

Mentally defective children of school age fall into four classes from an administrative point of view:—

- (1) Educable more or less in an ordinary school.
- (2) Educable in a special school or institution if parents are willing to send them there.

- (3) Educable in a special school or institution, but parents unwilling to send them there.
- (4) Ineducable.

Under the Mental Deficiency Acts it is impossible to compel a parent to send a child to an institution unless the child is neglected, ill-treated or abandoned. This means that children coming under class 3 are excluded from ordinary schools and are receiving no training at home.

Valuable time is thus lost and not infrequently such children grow up to be wilful, tiresome and more or less out of control. With improving institutional accommodation and having regard to the excellent training now given, the time is approaching when a change in the law might well be made.

17.—SECONDARY AND JUNIOR TECHNICAL SCHOOLS

(a) Medical Inspection.

The School Medical Department inspects two such schools, namely Hele's School with a roll of approximately 375 boys and the Junior Technical School with a roll of 80.

The inspections are made annually in October. Hele's School was inspected by the School Medical Officer, the age groups being in accordance with the Board of Education's Memorandum dated November, 1925. The Junior Technical School was inspected by Dr. B. W. Anderson, all the boys being submitted to a full inspection.

(b) Medical Treatment.

There are no arrangements made for treatment by the Local Education Authority of those children found to be defective, and they are treated by their own medical and dental attendants. The arrangements for following up are left in the hands of the Headmasters of the schools.

Reference to Table II. will show the defects found and the amount of treatment obtained up to the end of the year.

18.—CONTINUATION SCHOOLS.

None.

19.—EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

Under the Bye-Laws in force, 160 medical certificates were issued and 87 children were re-examined for continuation of employment.

In 32 cases medical certificates were deferred owing to the children requiring medical treatment. Certificates were granted in 8 cases only, 24 not having obtained treatment.

20.—CHILDREN AND YOUNG PERSONS ACT, 1933.

The City Council as Local Authority has delegated its powers under this Act to the Education Committee, other than any powers to borrow money and with the exception of powers arising out of section 12 (Failure to provide safety of children at entertainments), section 65 (Power of Poor Law Authority to bring a refractory child before a Juvenile Court), section 77 (Provision of Remand Home), and Part 5 (relating to Voluntary Homes).

The School Medical Officer and his Assistants make the necessary examinations, and the Secretary for Education acts as Central Officer for collecting the various documents and reports that may be required. Arrangements have been made with private medical practitioners for the treatment of children and young persons who may be sick while in remand homes or under the guardianship of fit persons.

Altogether 16 examinations have been made for the purposes of the Act, 5 being children requiring care and protection, and 11 children or young persons brought before the Juvenile Court for sundry offences.

During the year 3 children have been boarded out under the Act, 2 children sent to an Institution for Mental Defectives, and 8 children or young persons sent to approved schools.

21.—ORTHOPAEDIC TREATMENT.

The Devonian Association for Cripples' Aid have continued their valuable work on behalf of school children referred to them.

The figures for the year are as follows:—Hospital Cases 20, Clinic Cases 49; total 69. They were classified as follows:—

Infantile Paralysis	.....	13	
Rickets	.....	12	Note:—Tuber-
Condition due to injury		6	culous cases are
Congenital defects	.....	17	dealt with
Tuberculosis	.....	9	through the
Miscellaneous	.....	12	Tuberculosis
		—	Dispensary.
Total	.....	69	
		—	

I am, Ladies and Gentlemen,

Your obedient Servant,

G. F. B. PAGE,

School Medical Officer.

ELEMENTARY SCHOOLS,
1934.

ELEMENTARY SCHOOLS, 1934.

Population of City	...	...	...	67,300
Elementary School Population	...	...	...	7,913
No. of Elementary Schools	...	...	...	21
No. of Departments	...	...	...	36

TABLE I.

**Return of Medical Inspections 1st January to 31st December,
1934.**

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups.

Entrants	...	...	...	1,059
Second Age Group	...	...	...	641
Third Age Group	...	...	...	757
Total	...	...	...	<u>2,457</u>

Number of other Routine Inspections	...	—
-------------------------------------	-----	---

B.—OTHER INSPECTIONS.

Number of Special Inspections	...	...	2,578
Number of Re-Inspections	...	...	<u>2,677</u>
Total	...	...	<u>5,255</u>

TABLE II.

A. RETURN OF DEFECTS FOUND BY MEDICAL
INSPECTION IN THE YEAR ENDED
31st DECEMBER, 1934.

Defect or Disease.	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
	No. of Defects		No. of Defects.	
	Requiring treatment.	Requiring to be kept under observation, but <i>not</i> requiring treatment.	Requiring treatment.	Requiring to be kept under observation, but <i>not</i> requiring treatment.
(1)	(2)	(3)	(4)	(5)
MALNUTRITION		211		
SKIN :—				
Ringworm—Scalp			3	
Body	1		28	
Scabies			13	
Impetigo	2	2	25	
Other Diseases (non-tuberculous) ...	4	128	997	9
EYE :—				
Blepharitis	2	3	9	
Conjunctivitis	1	4	37	
Keratitis				
Corneal Opacities			3	
Defective Vision (excluding Squint) ...	131	72	69	2
Squint	22	40	2	
Other Conditions	7	20	181	18
EAR :—				
Defective Hearing	1	27		
Otitis Media	6	12	86	
Other Ear Diseases	6	10	8	3
NOSE AND THROAT :—				
Chronic Tonsillitis only	22	79	23	3
Adenoids only	5	10	6	
Chronic Tonsillitis and Adenoids ...	159	123	143	28
Other Conditions	1	86	70	8
ENLARGED CERVICAL GLANDS (non-tuberculous)		312	1	
DEFECTIVE SPEECH		31		

TABLE II.—continued.

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
	No. of Defects.		No. of Defects.	
	Requiring treatment.	Requiring to be kept under observation, but <i>not</i> requiring treatment.	Requiring treatment.	Requiring to be kept under observation but <i>not</i> requiring treatment.
(1)	(2)	(3)	(4)	(5)
HEART AND CIRCULATION :—				
Heart Disease :—				
Organic	2	3	...	2
Functional ... ..	...	2	...	1
Anæmia ... ..	...	32	...	...
LUNGS :—				
Bronchitis ... ..	...	40	4	...
Other Non-Tuberculous Diseases ... ..	...	...	...	...
TUBERCULOSIS :—				
Pulmonary :—				
Definite ... ..	...	1	...	...
Suspected ... ..	...	...	...	2
Non-Pulmonary :—				
Glands ... ..	...	1	...	...
Bones & Joints ... ..	...	2	...	...
Skin ... ..	...	...	...	...
Other Forms ... ..	...	2	...	...
NERVOUS SYSTEM :—				
Epilepsy ... ..	...	1	...	...
Chorea ... ..	...	...	1	...
Other Conditions	1	28	...	1
DEFORMITIES :—				
Rickets ... ..	...	113	...	1
Spinal Curvature	1	5	...	...
Other Forms	3	107	7	...
OTHER DEFECTS AND DISEASES (excluding Uncleanliness and Dental Diseases)	18	302	169	55
Total	395	1809	1885	133

B. *Number of individual children found at Routine Medical Inspection to Require Treatment (excluding Uncleanliness and Dental Diseases.)*

Group. (1)	Number of Children.		Percentage of Children found to require treatment. (4)
	Inspected (2)	Found to require treatment (3)	
<i>Prescribed Groups :</i>			
Entrants ...	1059	156	14.6
Intermediates ...	641	116	18.09
Leavers ...	757	143	18.8
Total (prescribed groups) ...	2457	415	16.8
Other Routine Inspections ...	...	..	...

Classification of Diseases other than those classified in Table IV.

Group I. showing how treated.

Disease, etc.	Cured Dispensary	Operation Hospital.	Cured Hospital.	Cured Private Doctor.	Remarks
Hernia ...	3	3	...	...
Debility ...	5	...	...	4	
Goitre ...	...	...	...	...
Miscellaneous ...	7	4	...	2	

TABLE III.—Return of all Exceptional Children in the Area.

Children suffering from multiple defects.

Number of children suffering from multiple defects--1.

Blind Children.

At Certified Schools for the Blind.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
1	—	—	—	1

Partially Blind Children.

At Certified Schools for the Blind.	At Certified Schools for the Partially Blind.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total
4	—	—	—	—	4

Deaf Children.

At Certified Schools for the Deaf.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
1	—	—	—	1

Partially Deaf Children.

At Certified Schools for the Deaf.	At Certified Schools for the Partially Deaf.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total
2	—	—	1	—	3

Mentally Defective Children.

FEEBLE-MINDED CHILDREN.

At Certified Schools for Mentally Defec- tive Children.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total
25	55	2	3	85

TABLE III—continued.

Statement of the number of Children notified during the year ended 31st December, 1934, by the Local Education Authority to the Local Mental Deficiency Authority.

Total number of children notified ... 4.

ANALYSIS OF ABOVE TOTAL.

Diagnosis.	Boys.	Girls.
1. Children incapable of receiving benefit or further benefit from instruction in a Special School:		
Imbeciles ... ..	...	2
2. Feeble-minded children notified on leaving a Special School on or before attaining the age of 16 ...	2	...
GRAND TOTAL	2	2

Epileptic Children.

Children suffering from severe Epilepsy.

At Certified Special Schools.	At Public Elementary Schools.	At other Institution.	At no School or Institution.	Total.
...	Nil.

Physically Defective Children.

A. TUBERCULOUS CHILDREN.

I. Children suffering from Pulmonary Tuberculosis.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
6	32	...	1	39

II. Children suffering from Non-Pulmonary Tuberculosis.

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
6	29	...	1	36

TABLE III—continued.

B.—DELICATE CHILDREN.

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
...	Nil.

C.—CRIPPLED CHILDREN.

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
9	15	...	...	24

D.—CHILDREN WITH SEVERE HEART DISEASE.

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
...	Nil.

**TABLE IV.—Return of Defects Treated during the Year ended
31st December, 1934.**

Treatment Table.

Group I.—Minor Ailments (excluding Uncleanliness, for which see Group VI.

Disease or Defect. (1)	Number of Defects treated or under treatment during the year.		
	Under the Authority's Scheme (2)	Otherwise. (3)	Total. (4)
SKIN—			
Ringworm Scalp. (Show separately in brackets the number which were treated by X Ray)	(*Nil) 3		3
Ringworm Body	29		29
Scabies	13		13
Impetigo	27		27
Other Skin Diseases			
MINOR EYE DEFECTS—			
(External and other, but excluding cases falling in Group II.)	69		69
MINOR EAR DEFECTS			
	86		86
MISCELLANEOUS—			
(e.g., minor injuries, bruises, sores, chilblains, etc.)	826		826
Total	1053		1053

*Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated
as Minor Ailments—Group I.)*

Defect or Disease. (1)	Number of Defects dealt with.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
Errors of Refraction (in- cluding Squint)	465	21	486
Other Defect or Disease of the Eyes (excluding those recorded in Group I)	41	1	42
Total	506	22	528

TABLE IV.—GROUP II.—continued.

Defect or Disease.	No. of children for whom spectacles were			
	Prescribed (1)		Obtained (2)	
	(i) Under the Authority's Scheme.	(ii) Otherwise.	(i) Under the Authority's Scheme.	(ii) Otherwise.
Errors of Refraction (in cluding Squint) ...	384	21	384	21
Other Defect or Disease of the Eyes (excluding those recorded in Group I) ...	11	—	11	—

Group III.—Treatment of Defects of Nose and Throat

NUMBER OF DEFECTS.

Received Operative Treatment.												Received other forms of Treatment.	Total number Treated.
Under the Authority's Scheme in Clinic or Hospital.				By Private Practitioner or Hospital, apart from the Authority's Scheme.				Total.					
(1)				(2)				(3)					
* i	ii	iii	iv	i	ii	iii	iv	i	ii	iii	iv	(4)	(5)
...	2	159	—	...	...	15	...	...	2	174	...	70	246

Group IV.—Orthopedic and Postural Defects.

	Under the Authority's Scheme (1)			Total number treated.
	Residential treatment with education. (i)	Residential treatment without education. (ii)	Non-residential treatment at an orthopædic clinic. (iii)	
Number of children treated	22	—	59	

	Otherwise (2)			Total number treated.
	Residential treatment with education. (i)	Residential treatment without education. (ii)	Non-residential treatment at an orthopædic clinic. (iii)	
Number of children treated	...	—	...	60

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and Adenoids.
(iv) Other defects of the Nose and Throat.

TABLE IV—continued.

Group V—Dental Defects.

(1) Number of Children who were:—

(i) Inspected by the Dentist :

Routine Age Groups	Aged	5	...	667	} TOTAL	5642
		6	...	793		
		7	...	851		
		8	...	766		
		9	...	741		
		10	...	723		
		11	...	410		
		12	...	355		
		13	...	280		
		14	...	56		
Specials	377
Grand Total				6019

(ii) Found to require treatment ... 2265

(iii) Actually treated ... 1777

(2) Half-days devoted to { Inspection ... 67 } Total ... 428
{ Treatment ... 361 }

(3) Attendances made by Children for Treatment ... 3502

(4) Fillings ... { Permanent teeth 1462 } Total ... 1525
{ Temporary teeth 63 }(5) Extractions ... { Permanent teeth 614 } Total ... 2391
{ Temporary teeth 1777 }

(6) Administration of general anæsthetics for extractions ... 740

(7) Other operations { Permanent teeth 752 } Total ... 1493
{ Temporary teeth 741 }*Group VI.—Uncleanliness and verminous conditions.*(i) Average number of visits per School made during the year
by the School Nurses ... 6(ii) Total number of examinations of Children in the Schools
by School Nurses ... 22,045

(iii) Number of individual Children found unclean ... 1304

(iv) Number of Children cleansed under arrangements made
by the Local Education Authority ... 16

(v) Number of cases in which legal proceedings were taken:—

(a) Under the Education Act, 1921 ... nil

(b) Under School Attendance Bye-laws ... nil

Table V.—Table showing number of Children who attended the Inspection Clinic for Examination.

Total—1934 ... 3,283

They were sent by the following:—

Head Teachers	...	..	...	1761
School Medical Officer	...	...	...	429
School Nurse	...	...	...	227
Medical Practitioners	...	...	...	3
Parents' Own Initiative	...	...	...	535
Miscellaneous	...	...	...	19
*Attendance Officers	...	...	...	309
Total ...				<u>3,283</u>

Conditions requiring Examination.

Uncleanliness	...	Dental Diseases	...
Ringworm	...	Heart & Circulation	...
Impetigo	...	Lung (Non-Tubercular)	...
Ear Disease	...	Nervous System	...
Defective Vision	...	Deformities	...
Nose and Throat	...	Other Defects & Diseases	...
Glands	...	*Certificates of Fitness to	...
Defective Speech	...	attend School, Employ-	...
		ment Certificates, &c.	...

Secondary School and Junior Technical School 1934

TABLE I.

Return of Medical Inspection 1st January to 31st December, 1934.

INSPECTED :—

School.	Examination.		Total.
	Complete.	Curtailed.	
Junior Technical (Boys)	72	...	72
Hele's (Boys)	223	130	353
Total ...	295	130	425

TABLE II.

A. RETURN OF DEFECTS found in the course of Medical Inspection, 1934.

School.	Defect or Disease.	EXAMINATIONS.				Had Treatment at end of year.
		Complete.		Curtailed.		
		No. of Defects.		No. of Defects.		
		Requiring treatment.	Requiring to be kept under observation but <i>not</i> requiring treatment.	Requiring treatment.	Requiring to be kept under observation but <i>not</i> requiring treatment.	
	(1)	(2)	(3)	(4)	(5)	*
Junior Technical (Boys)	Vision ...	5	...	...	...	2
	Tonsils and Adenoids ...	1	...	...	...	...
	Teeth ...	12	...	...	...	4
	Ear Disease ...	1	...	...	...	1
	Other Defects ...	5	5	...	..	1
Hele's (Boys)	Malnutrition ...	..	5	...	...	...
	Skin Disease ...	...	...	...	...	...
	Eye Disease ...	2	...	...	...	...
	Vision and Squint ...	23	1	9	...	29
	Ear Disease ...	1	1	2	...	1
	Tonsils and other Con- ditions ...	5	...	1	...	3
	Teeth ...	2	...	3	...	2
	Heart Trouble ...	1	1	...	...	...
	Deformities ...	2	11	...	1	1
	Other Defects ...	6	4	3	...	1

* This return was made only two months after the inspection, no doubt the other defects will be remedied before the next inspection.

TABLE II—continued.

B. Number of *individual children* found at *Routine Medical Inspection* to require treatment.

School.	Group.	Number of Children.		Percentage of Children found to require treatment.
		Inspected.	Found to require treatment.	
Junior Technical (Boys).	Complete Examination.	72	21	29.1
	Total ..	72	21	29.1
Heles (Boys)	Complete Examination	223	40	17.9
	Curtailed Examination	130	18	13.8
	Total ...	353	58	16.4

TABLE III.

Numerical Return of all Exceptional Children in the Area in 1934.

Nil.

TABLE IV.

GROUP I.—Treatment of Minor Ailments, 1934.

No arrangements are made by the Local Education Authority for treatment.

GROUP II.—Defective Vision and Squint.

School.	Defect or Disease.	Number of Defects dealt with.		
		Submitted to refraction by private practitioner or at Hospital.	Other-wise.	Total.
Junior Technical (Boys)	Errors of Refraction (including Squint)	2	...	2
	Total ...	2	...	2

Total number of Children for whom spectacles were prescribed and received spectacles : 1.

Hele's (Boys)	Errors of Refraction (including Squint)	32	...	32
	Total ...	32	...	32

Total number of Children for whom spectacles were prescribed and received spectacles : 29.

GROUPS III., IV., and V.—Nil

APPENDIX I.

ANNUAL REPORT OF THE SCHOOL MEDICAL OFFICER.

Sanitary Condition of Schools.

A comprehensive sanitary survey of the Elementary Schools in the area has been carried out under my direction by Mr. C. R. Harris, an Assistant Sanitary Inspector in the Public Health Department. I wish to express my thanks to the Secretary for Education, and the City Architect for suggestions, to the Head Teachers for their assistance, and to Mr. Harris for the efficient manner in which he has carried out the work.

The completed schedules of the inspection are at the disposal of the Education Committee : what follows is a summary of the more salient defects found. A report of this kind is necessarily in the nature of a catalogue of defects, but it must not be inferred from this that a majority of the schools in Exeter present serious shortcomings. The contrary is the case.

Considered as buildings in which children can be properly taught without detriment to their health and in which teachers can work in reasonable comfort, the greater part of the Exeter Schools fulfil their purpose. A few, owing to changed circumstances and the passage of time, can scarcely be brought up to modern requirements. For example, Exwick School was originally a village school built about 1870 with more recent additions. As such it might have continued indefinitely, but the growth of Exeter has created a problem, and it looks as if the present accommodation may soon be overtaxed. Is such a building worth modifying? Again, Heavitree Parochial Boys', Girls' and Infants' Schools are schools which to-day present serious and multiple deficiencies when judged by modern standards. The best part about the Boys and Girls' School is the site : the Infants' School appears incapable of improvement and should be abandoned. At the other end of the scale we have five schools comprising ten departments representing modern ideas in site and construction (Groups A and B). Two of these schools are quite new—Bradley Rowe and Montgomery—and are, indeed, striking and beautiful examples of present-day school buildings. The others were built about thirty years' ago, and may still be classed as very good except that two of them have insufficient artificial lighting.

Between these two extremes are a large number of older schools, sound and useful buildings, but in many cases requiring and capable of improvement in various respects.

General :—

1. Cleanliness.

In a few of the older schools it is noted that the standard of cleanliness is not what it should be. The fact that others of the same type maintain a reasonable standard suggests that the schools at fault require closer supervision.

2. Natural Lighting.

In many of the older schools the height of the windows above the classroom floors is the cause of bad natural lighting : in a few instances there is an actual insufficiency of window space. Whenever possible teachers have endeavoured to get the best results by arrangement of desks. Further improvement could be obtained by lowering, enlarging, or adding windows in schools that are sound structurally. The opportunity could be taken of improving ventilation by additional windows of better type. An example may be found in the Holloway Street Schools.

3. Artificial Lighting.

The programme for the proper artificial lighting of schools needs speeding up. In a number of instances good classrooms are spoiled by deficient lighting—for example in John Stocker Boys' School, where large classrooms have only three ordinary incandescent gas burners. Under such circumstances injury to eyesight is not merely probable, it is certain.

4. Heating.

Adequate heating is closely related to proper ventilation. Comparatively few of those schools which are still heated by open fires or stoves are altogether satisfactory in this respect. An accelerated programme for the conversion of this system to a low pressure hot water one is recommended.

5. Sanitary Accommodation.

In the majority of schools this is sufficient, but there are still a large number of trough closets left. These represent an unhappy experiment in sanitary evolution and should be condemned and replaced by modern apparatus. It is particularly desirable that apparatus intended for the use

of infant departments should be properly designed for the purpose.

6. Drinking Facilities.

At present only three schools have sanitary drinking fountains—St. Sidwell's Infants', Central Boys' and Ladysmith Road Boys'. At the first two the fountains were found to be out of order at the time of inspection. Elsewhere, cups are issued by the teachers on request, or the old-fashioned metal drinking cups on a chain are used. The latter have been known to spread disease : the former plan is the better under the circumstances, but it is stated that children put their mouths to the tap to save the trouble of asking for a cup. This practice should be strongly discouraged.

Excellent sanitary drinking fountains are obtainable and should be introduced into all schools as soon as practicable.

Details :—

Class A.

Schools built between 1910 and 1934 :

Ladysmith Road Boys', Girls' and Infants'.

Montgomery Junior Girls' and Infants'.

Bradley Rowe Junior Division and Infants'.

All of modern construction and design, situated in open positions. Remarks on drinking facilities apply and the artificial lighting at Ladysmith Road is rather poor.

Class B.

Schools built between 1890 and 1910 :

St. James' Girls' and Infants'.

John Stocker Senior and Junior Boys'.

Both of modern construction and design, and well situated. The former is of two storey corridor-hall type, natural lighting being somewhat obscured on one side by the neighbouring church. The latter school is two storey central-hall type. The artificial lighting and the heating in certain classrooms is notably deficient.

Class C.

Schools built between 1870 and 1890 :

Type I.

With accommodation for more than 400.

St. Thomas Senior Girls' and Infants'.

Newtown Boys', Girls' and Infants'.

Heavitree Parochial Boys' and Girls'.

Holloway Street Girls' and Infants'.

All of old school-room type divided into class-rooms, Holloway Street Girls' and St. Thomas Senior Girls' being of two floors. Additions have been made to Heavitree Parochial Girls' and St. Thomas Senior Girls' since 1900, the latter school having added class-rooms, and domestic centre of the open verandah type. All of these schools are to some extent wanting in natural lighting, ventilation, and proper heating, while St. Thomas Senior Girls' alone has sufficient cloakroom accommodation, and Holloway Street Girls' satisfactory sanitary accommodation. In St. Thomas Senior Girls' the heating appears to be too efficient—an unusual complaint related to defective natural ventilation. Newtown Infants' is fortunate in having recently installed electric light, and a satisfactory heating system, but in common with the other departments at Newtown it possesses trough closets of objectionable pattern. Heavitree Parochial Boys' and Girls' is a very old type of school with minor defects when judged by modern standards. It is understood that extensive alterations are under consideration, and it is hoped that something worthy of so excellent a site will result.

Type II.

With accommodation between 200 and 400 :

Cowick Street Infants'.

St. Mary Arches Girls' and Infants'.

St. Luke's College Boys'.

All of old school-room type divided into classrooms. This group presents deficiencies in ventilation, staffroom and sanitary accommodation. In one school lavatories used by Boys' and Girls' have a common entrance.

Two schools, St. Luke's and Cowick Street, have electric light, but the incandescent gas lamps in St. Mary Arches are insufficient.

It is understood that extensive alterations are contemplated at St. Luke's. As this school opens on to the London Road a bar break at the entrance gate might be considered.

Type III.

With accommodation for less than 200.

Whipton Church of England Infants'.

St. David's' Church of England Boys'.

John Stocker Temporary Junior Boys'.

Exwick Junior Mixed and Infants'.

All are the old school-room type, sound in structure with recently added cloak-rooms in the case of Exwick ; and all show the defects commonly associated with small buildings. Exwick and Whipton are village schools that have become urbanised. Both show evidence of slight overcrowding, and both are in areas where new houses are being built with an increasing population. The playground at Whipton is of grass, and unusable in wet weather. In St. David's School the lighting, both natural and artificial, is unsatisfactory.

Class D.

Schools built prior to 1870.

Type I.

With accommodation for more than 350 :

Episcopal Charity Boys', Girls' and Infants' (1861).

St. Sidwell's Boys', Girls' and Infants' (1854).

Devon and Exeter Central Boys' and Girls' (1858).

In general design these resemble the last group, the Central School and Episcopal Charity Girls' having two floors. This group suffers from the same intrinsic defects as the last Class (C). From time to time efforts have been made to improve them by installing up-to-date lighting, and better heating arrangements. It is difficult to keep these old buildings clean and trough closets must invariably be condemned.

Type II.

With accommodation for less than 350.

Heavitree Parochial Infants' (1517), rebuilt (1840).

St. Nicholas R.C. Mixed and Infants' (1790).

Mint Methodist Boys', (1846) and (1886).

Rack Street Infants' (1859), rebuilt (1893).

Two of these, Heavitree Infants' and Rack Street, are on two floors, and the Mint School is on three. The first-named is directly on a main road, and the other three in congested areas which are gradually being improved. Heavitree Infants' School is unsatisfactory in so many respects that its replacement at an early date is urgent. It will be noted that Rack Street School was rebuilt in 1893, and the site has been further improved by sundry demolitions : it is capable of accommodating far more pupils than there are on the roll at present.

The other two schools, as might be expected, show some of the defects of their time, but on the whole these are less pressing than those found in many schools of later date. The playground at the Mint is very small, and the trough closets at St. Nicholas should be replaced by modern apparatus.

APPENDIX II.

BOARD OF EDUCATION CIRCULAR. 1437. PROVISION OF MILK FOR SCHOOL CHILDREN.

General.

For many years a number of Exeter Schools have had voluntary schemes for providing the children with a mid-morning drink of milk, malted milk, or cocoa, during the winter months. When the Board's Circular was published the Authority decided to strongly recommend its adoption, but to maintain the voluntary principle. Of the 36 schools and school departments in the City all but three have a scheme of some sort, and 24 have adopted the official scheme. Several schools that previously had no scheme have now started milk schemes; and others have changed from their previous schemes to the official scheme. The official scheme is attractive because, among other things, it is easier and cheaper. The cost is $2\frac{1}{2}$ d. per week per child against at least 3d. for other schemes. There seems to be little or no demand for milk in two of the three schools without a scheme, but in the third a scheme is desirable and would no doubt have been started had not the Head Teacher been leaving for another post.

Exeter is not a depressed area. It has its fair share of poor and "social problem families" and as the largest town in a wide area it is a centre of attraction to a number of unemployed and unemployable persons. An additional attraction being its numerous and unfortunately in-co-ordinated charities.

Medical Inspection during the past ten years shows very little malnutrition from *all causes*.

Average number requiring treatment	0.2
Average number for observation	36.5

Under these circumstances the Education Committee has not considered it necessary to adopt Sections 82-85 of the Education Act, 1921.

The Approved Milk.

Certified, and Grade A. T.T. milk being excluded from the scheme the choice left is between Grade A, Pasteurised, and ordinary milk. As there are two reliable sources of *Pasteurised Milk* in the City able to meet all demands, this Grade of milk and this only was approved for use

in the scheme. Some Head Teachers asked if the milk could not be supplied while still hot; but it was pointed out that rapid cooling after the holding process is an essential part of pasteurisation, and that milk not so cooled cannot be deemed properly pasteurised. Periodical examinations of pasteurised milk in Exeter have proved satisfactory.

Working of the Scheme.

The Chief School Medical Officer has visited and inspected personally 25 schools between the 1st October and 31st December, 17 of these having the official scheme. In one Infants' School, 95% children take the milk: in the majority the figure is about 65-70%. Most Head Teachers consider that more children will take milk as the weather gets colder. No doubt a free issue would stimulate more children to take milk as evidenced by the fact that in a certain school where there is a cocoa scheme conducted on charitable lines 100% of the children take it. A few children genuinely dislike milk or are upset by it, various other excuses have been made, for example—that the child spends the half-pennies on sweets. The great majority of those who do not take milk say that they are unable to afford it, and a special investigation of this last group revealed very few cases of even slight malnutrition. Some of the latter were getting extra nourishment from other sources.

The case for issuing free milk in appropriate instances is being further investigated in Exeter.

Summary and Criticisms.

- (1) The dietetic value of milk has been known through the ages. If proof were needed, the experiments of Dr. H. C. Corry Mann on residential school children, and of the Scottish Board of Health on Elementary School children, supplied it several years ago. This scheme is therefore a belated one. Nevertheless, it is welcome as bringing milk within the reach of practically every school child.
- (2) It is regretted that the scheme was brought forward at rather short notice, and for this and other reasons it is hoped that the scheme will be carried on for another winter at any rate.
- (3) Most of the criticisms published hitherto are beside the point. Experience shows that very few teachers grudge the time and trouble, and that very few chil-

dren are unable or unwilling to take milk in the middle of the morning. Grown-ups are inclined to judge the appetites and capacity of children too much by the adult standard.

- (4) There can be no doubt that pasteurised milk is the proper milk to supply wherever possible. If the scheme helps to encourage pasteurisation by distributors, it will have done good. At least one-eleventh of the tuberculosis mortality is due to infected milk—and a greater proportion of the morbidity.
- (5) No special height and weight records have been attempted in Exeter in this connection for two reasons: we cannot spare the staff; and carelessly made records over short periods without proper controls have no scientific value whatsoever.